

An Essay

on

Phthisis Pulmonalis

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Phthisis Pulmonalis

Under this term, which signifies merely emaciation or wasting, have been included diseases essentially differing from each other, as well in their anatomical characters as in their mode of treatment. By *Phthisis Pulmonalis*, or as it is more correctly called tubercular consumption, we now understand a disease differing in its real nature from all other pulmonary affections;—a disease originating in the formation of foreign bodies in the cellular membrane of the lungs, called tubercles.

According to Laccaze the tubercles, when first discoverable in the lungs, are seen in the form of "semitransparent grains, greyish or colourless, and varying in size from that of a millet

1871

Under this title, which appears
only in a certain number of
the volumes, is a list of the
names of the persons who have
been appointed to the various
positions of the different
departments of the government.
The names are given in the
order in which they were
appointed, and the names of
the persons who have been
appointed to the same position
are given in the same order.
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have been appointed to the same
position are given in the same
order.

to that of a lump sea." These he calls
"milliary tubercles". In the progress of
the disease these basis gradually in-
crease in size and become a pake.

A yellow spot is seen in the centre,
which gradually proceeds towards
the circumference and finally ex-
tends throughout the whole map. In
this stage which he calls the "crust or
immature", they have a consistence
about equal to that of firm cheese.
These tubercles after an indefinite
period of time, gradually soften
and finally liquify. This process,
like that of the discoloration, com-
mences at the centre and gradu-
ally proceeds to the circumference.

The softening of these maps
produces two kinds of matter,
differing considerably in their

appearance, the one, in colour and consistence, resembling thick mucus, and the other a thin fluid, colourless or tinged with blood, having a portion of soft tuberculous matter floating in it. This latter has a striking resemblance to common whey containing portions of curd.

The matter thus formed gradually makes its way into some of the ramifications of the bronchia and is discharged by expectoration. As these bodies are usually developed in considerable numbers in the same portions of the lungs, they frequently unite forming one continuous mass, which sometimes extends from one extremity of the lung to the other. These extensive col-

sections when softened are rapidly discharged, the matter being coughed up by mouthfuls. These discharges constitute what are called a vomicae. After a push of matter of this description the discharge gradually diminishes, and either finally ceases, or continues in form of a chronic catarrh.

After these vomitae have emptied themselves of their contents they become lined with a soft white membrane. This remedial process of nature relieves the patient from most of his distressing symptoms, a chronic catarrh only remaining. The expectoration which remains in these cases, Laennec supposes is secreted in part by this new-formed membrane, but more abundantly by the lining membrane of the bronchiae,

irritated by the passage of the tuberculous matter.

If no more tubercles are developed and the disease remain long stationary, a cartilaginous lining is formed under the above described membrane, and seems continuous with the lining membrane of the bronchial tubes. The sides of these excavations occasionally adhere and finally cicatrize, and in these cases, if there exist no more of these bodies in the substance of the lungs, the patient is eventually cured.

The development of tubercles is not confined to the lungs alone, but occurs simultaneously in other parts of the body, particularly the coats of the intestines; and to this cause has been ascribed the diarrhoea which accompanies

certain stages of the disease.

Tubercular Phthisis is now generally conceded to be a disease inseparably connected with a hereditary predisposition, "the seeds of which are complicated with the *stamina vitæ*". Yet although its origin be coeval with that of our existence, it may lay dormant for a great length of time, even during the period of the longest life. This opinion seems to be supported by the fact, that the disease very rarely occurs in mild and equable climates. For we cannot but suppose the inhabitants of such countries in some degree predisposed to this disease, as well as those of more intemperate regions. Although no description of

Persons are exempt from this disease,
yet there ~~are~~ certain conformationes
which seem to predispose to it, or ra-
ther to point out that predisposition.
Hence it is generally found associated
with a narrow chest, long neck, light hair,
fair skin, blue eyes, florid complex-
ion, great sensibility, and considera-
ble acuteness of mind. It also frequent-
ly occurs in several members of
the same family.

Among the sympathies existing
between the various organs of the
body, none perhaps is more strongly
marked than that between the skin
and lungs. So intimate is this con-
sensus of parts, that whatever morbid
impression is made upon the former,
in a greater or less degree exerts its
influence upon the latter. Hence

among the most frequent exciting causes of Phthisis, are those which exert their influence through the medium of the skin: as sudden changes of temperature; exposure to cold and moisture; irregularities in dress &c. The all effects of the last are most obvious in females. It also seems accessions to be excited by irritating substances inhaled into the lungs: hence millers, stone cutters, and scale painters seem peculiarly liable to the disease. Diseases of the neighbouring organs frequently become exciting causes of Phthisis: as enlargement or inflammation of the liver or spleen, obstructions of the mesenteric glands, affections of the stomach intestines &c. To these may be added the suppression of accustomed

discharges: as in the healing of old ulcers, the antiseptic or cephalic of the catamenia, the cure of hemorrhoidal discharges &c. And finally, whatever unawakenly excites or depresses the system: as excess in eating or drinking, inordinate exercise, excessive venery &c. &c.

"It appears to me," says Dr. Armstrong, "that the first changes which indicate the approach of phthisis are to be found in the skin. The colour of the cheeks always become paler and more delicate than before, while that of the lips is often of a brighter red. By looking steadfastly on the face of the patient for some time the colour will be observed to come and go in a surprising manner. A beautiful bloom will be spread

for a moment over some part of the cheeks, and then receding will leave a remarkable pallidity, almost approaching to whiteness."

It is evident that the above symptoms will rarely be attended to. They will not manifest by the friends of the patient, and the practitioner will seldom be called in time to detect them. The first symptom which usually attracts attention is a slight hacking cough; this insensibly creeps upon the patient, and gradually becomes harsher and more fatiguing. Examined at this period, the pulse will be found accelerated especially after meals; the surface becomes pale, and the superficial veins distinct and prominent. A sense of weight is felt in the chest, and the respiration becomes hurried

by the least exertion. at this period the cough is either dry, or attended with the expectoration of a transparent or frothy mucus interpersed with grey or black specks. The hair assumes a dull appearance and becomes unmanageable, refusing to remain in a proper position. The conjunctiva becomes of a pearly whiteness, and the eye assumes a shagbling appearance. The tongue is redder than natural; the heat of the surface is irregular, and even some degree of perspiration may be perceived during sleep.

In the progress of the disease most of the above symptoms become aggravated. A pain is felt in the thorax, which is aggravated by inspiration particularly in the horizontal posture; the pulse becomes quicker and harder; the fever incre-

to the last question. At the last
the soul is either saved, or damned
the resurrection of the dead is a
little more interesting with you
a black sheep. The last question
will address and I am sure
effectively, especially to those in a state
of sin. The question is answered
a happy subject, and the eye of
man a shocking appearance. The
before is a more than natural, the
last of the question is very important
and some more of the question is
the question is very important.
On the subject of the resurrection
and of the resurrection of the
appeared. I have a lot in the
and will be a great help to the
in the resurrection of the
in the resurrection of the

ses with evening exacerbations and finally assumes the true hectic type. The cough and difficulty of breathing grow worse, and the soles of the feet and palms of the hands become affected with burning heat.

The expectoration which had previously consisted of a transparent or frothy mucus, is now either suddenly or gradually changed to a matter resembling thick pus, opaque, of a pale yellow or greenish colour, somewhat tenacious, often containing portions of tuberculous matter, and occasionally streaked with blood.

This change in the character of the expectoration, evidently depends on the softening and discharge of tubercles. If they be so numerous as to disorganize a considerable portion of lung, the system will sink rapidly, and death

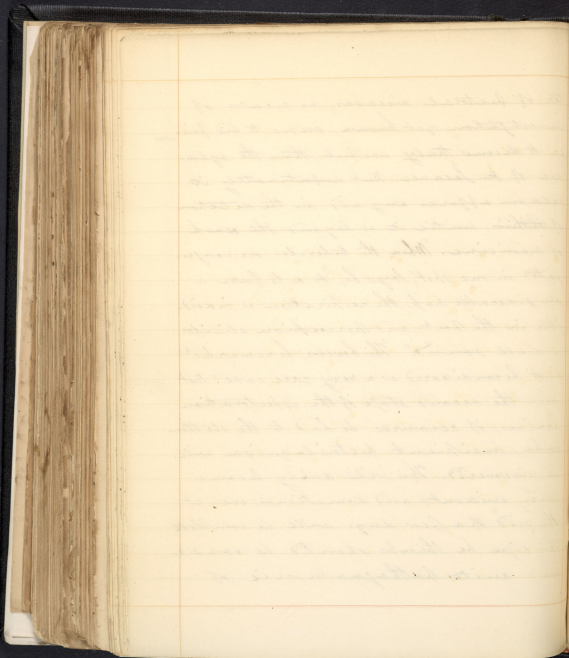
will ensue in a short time. But if they are of small extent and few in number, and if at the same time there exist none in an immature state, the expectoration will gradually diminish, or finally cease altogether and a cure be effected. More commonly, however, the relief is only temporary; a second growth of these extraneous bodies undergoes the same change, marked by the same symptoms, until, finally, the lungs become so far destroyed that the patient must necessarily sink. The successive growth, maturation and discharge of these bodies, give to the disease its intermitting character.

"When *alkis* is regularly established," says Dr. Johnson, "it forms one of the most distressing pictures which the human frame exhibits in its progress to corruption. The

hectic blush on the cheeks, the vermilion
 lips, the burning heat in the palms of the
 hands and soles of the feet, with evening
 fever, one periodically changed for cold
 colligative sweats, hollow, pale, languid
 countenance, sharpening features, aug-
 mented expectoration, and progreive ema-
 ciation. Such is the series of heart-
 rending symptoms which are daily pre-
 sented to the agonized friends, whose vi-
 tality is heightened by the never-dying hopes
 which perpetually spring in the hectic bust.
 Whether it is that the delicate organization
 which pre-disposes to this destructive dis-
 ease, contributes to a amiability of tem-
 per and sweetness of disposition is doubt-
 ful; but certain it is, that the malady
 in question, falls, in general on the best,
 or well as the loveliest of creation."

In ascertaining the true charac-

ter of pectoral diseases, no means of investigation yet known, seems to bid fairer to become truly useful, than the cylinder of Dr. Laennec. But unfortunately it seldom affords any aid in the detection of this, until it is beyond the reach of medicine. "When the tubercles are congregated in one spot," says he, "so as to form a considerable mass, the respiration is inaudible in the part, and percussion elicits a dull sound." "This however," he remarks "must be considered as a very rare case? But when the second stage of the expectoration arrives, if recourse be had to the stethoscope, incipient pectorilagnism will be discovered. This will daily become more evident; and sometimes, even at the end of a few days will be complete. This sign he thinks should be considered quite pathognomonic of



Phthisis.

as it is perhaps impossible to arrest the progress of this disease once established, it becomes an object of the first moment to prevent this predisposition from being brought into action. To effect this end the most probable means is, doubtless, to send the patient to a warm climate. and this should be done in every case where the circumstances of the patient are such as to warrant it.

But the condition of a great majority of persons afflicted with this complaint, excludes them from the advantages of such a measure. In such cases it becomes the duty of the practitioner to use every possible means to arrest the disease, or to conduct it to a reasonable issue.

On the treatment of consumption
venesection was formerly practiced to
a very considerable extent. But since
the diseased action has been ascertained
to differ essentially from the pro-
cess of ordinary inflammation, this prac-
tice has been in a great measure
abandoned. It kept down excessive
action, particularly in the forming
stage of phthisis, bleeding and espe-
cially the local attraction of blood
from the chest, is often highly useful,
and sometimes indispensable.

Mild laxatives should be employed
so as to keep the bowels in a soluble
state, and prevent irritation from
the accumulation of feculent
matter. Active purging, however, should
be avoided, as it has a tendency to
arrest the action of the skin. Sulphur

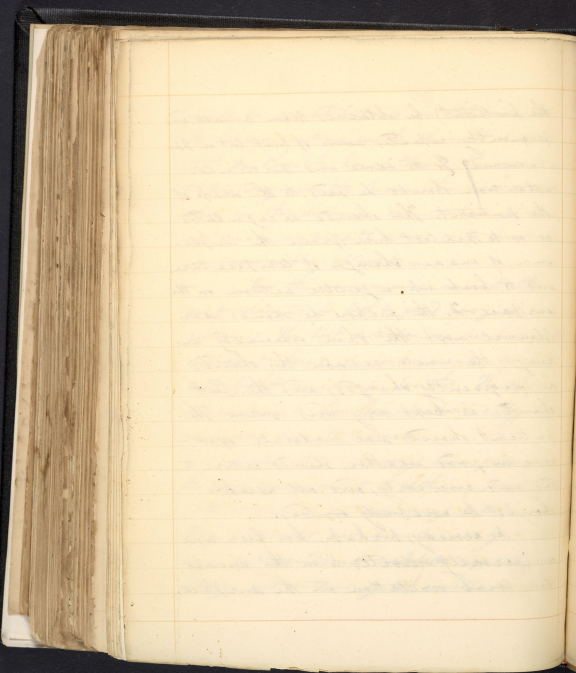
would no doubt be found in this case, from its known action on the skin. It is said that Dr. Whipple has obtained the most satisfactory results from the use of sal-
thure in this disease even when given in such moderate doses as to produce no sensible effects.

On the commencement the diet should be light and easy of digestion. The best articles are, perhaps, the different kinds of farinacea, milk, and light animal broths. The opor-
mores milk has been preferred by Euro-
pean practitioners.

Emetics have usually been given in the commencement of this disease, principally with a view of determining to the surface. They no doubt act bene-
ficially in this way, but would not ~~be~~ effects equally sal-
utary, and certainly be unpleasant to

the patient) be obtained from small and frequently repeated doses of Iod. but or Iodoacetic acid. To the same end particular attention should be paid to the dress of the patient. This should be regulated so as to protect him from the influence of sudden changes of temperature, and to keep up a gentle action on the surface. To this purpose he should wear flannel next the skin, especially during the winter season: this should be frequently changed, and the feet should be kept dry and warm. The patient should use moderate exercise in good weather; should retire to bed and rise early, and all excesses should be carefully avoided.

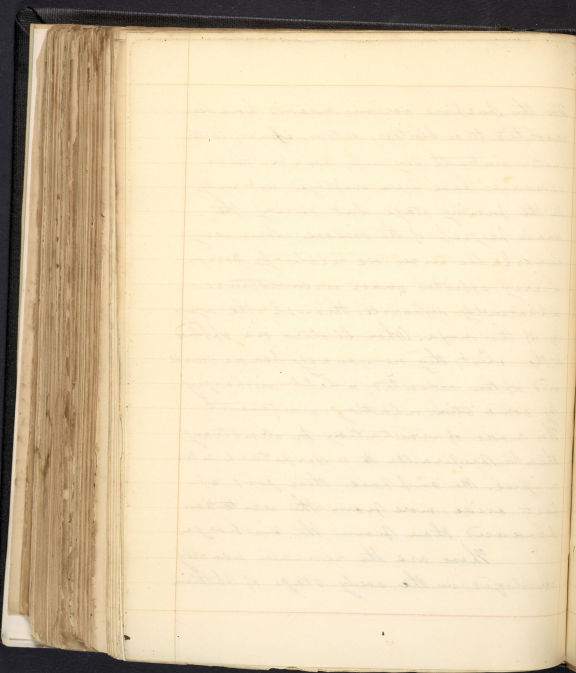
No remedy, perhaps, has been more universally resorted to in this disease than local irritation on the surface.



For this purpose various means have been resorted to: as blisters, setons, issues, tartar emetic ointment, dry cups, moxa &c. These remedies have been employed, not only in the forming stage, but during the whole progress of the disease. Some very remarkable cures are related by Barron Larrey, effected under circumstances apparently disparate, through the agency of the moxa. When blisters are applied to the chest, they are usually made small and often repeated, a leech discharging by some stimulating ointment.

This mode of irritation Dr. Armstrong thinks preferable to a perpetual seton or issue. He supposes their good effects arise, more from the irritation produced than from the discharge.

These are the remedies usually employed in the early stage of Phthisis.



In the more advanced stages the depleting measures must be laid aside, and even some air must be lent to the support of the system. The extreme debility, the colligative diarrhoea, and the profuse nocturnal perspirations, all call for immediate attention. A more generous diet must be allowed, and occasionally fermented liquors or wine will be found advantageous. Opium should be given to check the profuse alvine discharges and quiet irritation, and opium in combination with saccharum saturni will be found useful in checking perspiration.

Innumerable articles have at different times been highly extolled, and even set up as specifics in the cure of consumption. Which, however,

in a more deliberate investigation,
have been found no farther useful
than as general remedies; and as yet
we know of no specific. Digitalis may
be mentioned as an instance of this
kind; and notwithstanding the praises
which were lavished upon it at one
time, it has almost fallen into disuse.
Yet digitalis from its known powers
in calming irritation, and reducing
the action of the heart and arteries,
may no doubt be advantageously
employed in the early stage of the disease.

The prussic acid has been re-
commended pretty much with the
same view. Its powers in allaying
pain and tranquillizing the system
are no doubt very considerable: but
being a most virulent poison, and a
very hazardous remedy, even when

given with the greatest caution, its employment has been very limited in this country.

"Oxalic acid and the vapour of tar" says Dr. Johnson "have evaporated into air thin air". Yet notwithstanding this assertion, the inhalation of the vapour of tar has proved beneficial in many cases.

Dr. Johnson, from observing the benefits resulting to Rheumatic persons from the accidental occurrence of a hemorrhoidal discharge, suggests the propriety of an attempt to establish it artificially, by leeches applied to the verge of the anus and the use of electric surges.

